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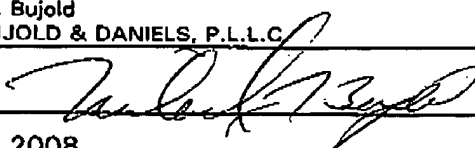
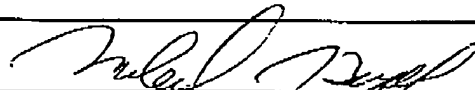
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PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/517,994		
	Confirmation Number			
	Filing Date	with an effective filing date of June 21, 2003		
	First Named Inventor	Uwe BEER and Michael DRABEK		
	Group Art Unit	3623		
	Examiner Name	Doron D. Fields	Fax: (571) 273-8300	
Total No. of Pages in this Submission: 9		Attorney Docket Number		ZAHFRI P701US
ENCLOSURES <i>(check all that apply)</i>				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i> <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>		
REMARKS				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C. <div style="text-align: right;">Reg. No. 32,018 CUSTOMER NO. 020210</div>			
Signature				
Date	July 22, 2008			
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Signature				
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JUL 22 2008

Response Under 37 CFR 1.116
Expedited Procedure
Examining Group: 3623**PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:	Uwe BEER and Michael DRABEK
Serial no.	:	10/517,994
Confirmation No.	:	7265
Filed	:	with an effective filing date of June 21, 2003
For	:	SHIFTING DEVICE
Group Art Unit	:	3623
Examiner	:	Doron D. Fields
Docket	:	ZAHFRI P701US

BOX AF

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed June 3, 2008 and the Advisory Action mailed July 18, 2008, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claims 7, 10 and 13, without prejudice or disclaimer of the subject matter therein, in favor of new claims 15-17 and amend claims 6, 8, 9 and 12 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.